

ona VERIFICATION OF DISABILITY FOR REASONABLE ACCOMMODATION / MODIFICATION REQUEST

| Please print the name of Head of Household: | | | | |
|--|--|---|---|--|
| Name of person needing the accommodation: Date of Birth: | | | | |
| TO BE COMPLETED BY APPLICANT / TENANT OR HOUSING SPECIALIST: | | | | |
| De | scrip | iption of the proposed reasonable accommodation / reas | sonable modification. | |
| | | | | |
| TC | BE | E COMPLETED BY PHYSICIAN OR OTHER HEALTH | CARE PROVIDER: | |
| 1. | a. | In your professional opinion, does the above-named a physical or mental impairment which substantially lir record of having such an impairment? Yes / | mits one or more major life activities*, or a | |
| | | * Key terms in the definition of "disability" (handicap) a | are explained in the attachment. | |
| | b. | If "Yes", please provide the initial date of the impairme | ent: | |
| | C. | If the impairment is expected to last less than a lifetim accommodation(s) or modification(s) will no longer be | | |
| 2. | a. | Is there a <u>disability-related need</u> for the above-describe reasonable modification based on the applicant's/tena | | |
| | | ☐ Yes / ☐ No | | |
| | b. | If "Yes", please explain: (Provide only information that disability verified by a "Yes" response to question 1.a. accommodation/modification) Please DO NOT DISCL individual's disability, or provide specific information a | , and the proposed reasonable OSE the specific nature and/or severity of the | |
| | | | | |
| | | y that the information provided above represents my prost of my knowledge and belief. | ofessional judgment and is true and correct to | |
| Sig | Signature of Physician/Health Care Provider Date | | | |
| Name: | | | Phone: | |
| Address: | | | | |
| | | | | |

DEFINITIONS 24 C.F.R. § 8.3

Individual with handicaps (disabilities) means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The term does not include an individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others

Physical or mental impairment includes:

- (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
- (2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

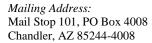
NOTE: Determination of whether a physical or mental impairment substantially limits a major life activity is to be made without regard to the ameliorative effects of mitigating measures (e.g., assess substantial limitation of a major life activity, including the operation of a major bodily function, without considering the benefit of medication, assistive devices, etc., to the individual). In addition, an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

Is regarded as having an impairment means:

- (1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by a recipient as constituting such a limitation;
- (2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or
- (3) Has none of the impairments defined in paragraph (a) of this section but is treated by a recipient as having such an impairment.





Office Location: 235 S. Arizona Avenue Chandler, AZ 85225



AUTHORIZATION FOR RELEASE OF INFORMATION

(Please print)

| Full Name of Applicant/Tenant: | |
|--|---|
| Date of Birth: | |
| Local phone: | Cell phone: |
| Address: | |
| Name of Health Care Provider: | |
| Address: | |
| | |
| and Redevelopment Division related to my pereasonable modification(s) due to a disability. representatives of the City of Chandler Housing | o provide information to the City of Chandler Housing ending request for reasonable accommodation(s) / I further provide my consent to the authorized and Redevelopment Division to communicate with an, as needed, to determine my eligibility for reasonable s) due to a disability. |
| It is my understanding that the information red to the following: | quested by the City of Chandler will be directly related |
| Confirmation that my medical conditional amended; | n is a disability under the Rehabilitation Act, as |
| Discussion of why the requested reasons. | onable accommodation/modification is needed; |
| Clarification of information previously: | submitted to the City of Chandler; and/or |
| Recommendations regarding alternati | ive accommodations/modifications. |
| This authorization is valid for twelve months. | |
| | |
| Applicant's/Tenant's Signature | Date |

Mailing Address: Mail Stop 101, PO Box 4008 Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division http://www.chandleraz.gov/affordablehousing Ph.(480)782-3200 • Fax (480)-782-3220

Chandler, AZ 85225

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235 S. Arizona Avenue

